



## Comprehensive Behavioral Health Plan Update & Progress Report Evaluation Criteria

<i>Date of Review</i>	
<i>Name of Reviewer(s)</i>	
<i>Approval</i>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

### Background Information:

Coordinated Care Organizations (CCOs) are required to develop a Comprehensive Behavioral Health Plan (CBHP) pursuant to Exhibit M of the CCO Contract. Year One (1) involved the system assessment and the creation of an improvement plan. The following four (4) years involve the completion of a progress report on the improvement plan. Based, in part, on recommendations from CCOs, OHA developed a CBHP progress reporting template which each CCO will complete and submit, and OHA will review using this evaluation criteria. The scoring section of this evaluation criteria is scored as “Yes/No”, with “Yes” scores indicating the CCO demonstrated continued progress from the prior year’s evaluation related to each criterion. A “No” score indicates there was no demonstration of continued progress from the prior year’s evaluation related to each criterion or an explanation for lack of progress what not provided. If there is a “No” score marked, OHA will outreach the CCO to meet and discuss the relevant criterion before formal approval.

### Submission Specifications:

- Any attachments, addendums, etc. submitted with the CBHP must have file names clearly reflecting the content (e.g., CCO[name]\_CBHP\_Policy).
- The CBHP and relevant supporting documentation must be submitted via the CCO Contract Deliverables portal by December 31, 2023. The portal is located at <https://oha-cco.powerappsportals.us/>. (The submitter must have an OHA account to access the portal.)

**For CBHP questions, please contact:** Nicholas Lervick at [Nicholas.Lervick@oha.oregon.gov](mailto:Nicholas.Lervick@oha.oregon.gov).

EVALUATION CRITERIA		OHA COMMENTS	SCORE
<b>General</b>			
1	Did the CCO demonstrate continued progress towards identifying and describing the behavioral health needs and social determinants of health of the community within the service area?		<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Did the CCO demonstrate continued progress in providing evidence of a comprehensive understanding of the BH system and the gaps/critical areas of concern in its service area?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Did the CCO describe the assets, strengths and opportunities that are/could contribute to reducing health inequities in the communities you serve?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Did the CCO describe the assets and strengths and opportunities within the organization that can be used to begin to center and measure progress toward equity?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Priority Area 1</b>			
1	Did the CCO identify the goals of this Priority Area and progress toward these goals? If no progress was identified, did the CCO provide an explanation for the lack of progress?		<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Did the CCO identify how progress toward the goals of this priority are or will be measured (use of specific, measurable, attainable, relevant and time-based objectives)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3	If applicable, did the CCO explain the need for any changes made to the priority area since the last CBHP progress report submission, what changes were made, and what new goals or priority area were established as part of the change?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Did the CCO demonstrate continued engagement with community partners and members related to this priority area?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EVALUATION CRITERIA		OHA COMMENTS	SCORE
5	Did the CCO identify the impact that work in this priority area is having or may have on the community and stakeholders?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Did the CCO describe the mechanisms and progress development for ongoing monitoring of access and quality of services addressed in the CBHP?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Priority Area 2</b>			
1	Did the CCO identify the goals of this Priority Area and progress toward these goals? If no progress was identified, did the CCO provide an explanation for the lack of progress?		<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Did the CCO identify how progress toward the goals of this priority are or will be measured (use of specific, measurable, attainable, relevant and time-based objectives)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3	If applicable, did the CCO explain the need for any changes made to the priority area since the last CBHP progress report submission, what changes were made, and what new goals were established as part of the change?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Did the CCO demonstrate continued engagement with community partners and members related to this priority area?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Did the CCO identify the impact that work in this priority area is having or may have on the community and stakeholders?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Did the CCO describe the mechanisms and progress development for ongoing monitoring of access and quality of services addressed in the CBHP?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Priority Area 3</b>			
1	Did the CCO identify the goals of this Priority Area and progress toward these goals? If no progress was identified, did the CCO provide an explanation for the lack of progress?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EVALUATION CRITERIA		OHA COMMENTS	SCORE
2	Did the CCO identify how progress toward the goals of this priority are or will be measured (use of specific, measurable, attainable, relevant and time-based objectives)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
3	If applicable, did the CCO explain the need for any changes made to the priority area since the last CBHP progress report submission, what changes were made, and what new goals were established as part of the change?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Did the CCO demonstrate continued engagement with community partners and members related to this priority area?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Did the CCO identify the impact that work in this priority area is having or may have on the community and stakeholders?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Did the CCO describe the mechanisms and progress development for ongoing monitoring of access and quality of services addressed in the CBHP?		<input type="checkbox"/> YES <input type="checkbox"/> NO